

MQ-79 (Supplemental) (06-11-02)		U.S. DEPARTMENT OF AGRICULTURE Farm Service Agency		1. DEALER'S NAME AND ADDRESS Telephone Number (including Area Code):		2. WEEK ENDING (MM-DD-YYYY)	
SUPPLEMENTAL MQ-79 LISTING SHEET NO NET COST TOBACCO ACCOUNT AND TOBACCO MARKETING ASSESSMENT FOR PRODUCER NONAUCTION PURCHASES				3. ID NUMBER		4. KIND/TYPE OF TOBACCO	
				5. PAGE NUMBER OF			
<p>NOTE: The following statements are made in accordance with the Privacy Act of 1974 (5 USC 552a) and the Paperwork Reduction Act of 1995, as amended. The authority for requesting the following information is Pub. L. 430, and 7 CFR Part 723 which provide that tobacco producers report nonauction purchases and collections of contributions to the No Net Cost Tobacco Account. Persons failing to keep records as required or filing a false report or record shall be subject to a \$500 fine for each offense, and under U.S. Criminal Statutes subject to a fine of not more than \$10,000 or imprisonment for not more than 5 years or both. This information may be provided to other agencies responsible for enforcing the provisions of the Act, IRS, Department of Justice, or other State and Federal Law enforcement agencies, and in response to a court magistrate or administrative tribunal. The provisions of criminal and civil fraud statutes, including 18 USC 286, 287, 371, 651, 1001; 15 USC 714m; and 31 USC 3729, may be applicable to the information provided.</p> <p>According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0560-0058. The time required to complete this information collection is estimated to range from 30 per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. RETURN THIS COMPLETED FORM TO YOUR STATE FSA OFFICE.</p>							
6. FARM NUMBER	7. NAME OF PRODUCERS SHARING IN THE PROCEEDS OF THE CROP	8. COUNTY/STATE	9. DATE OF PURCHASE (MM-DD-YYYY)	10. POUNDS PURCHASE	12. GRAND TOTAL POUNDS PURCHASED (All Pages)		
<i>I hereby certify under civil and criminal penalties provided by Federal Law that the information given herein is true, correct and complete to the best of my knowledge and belief.</i>		11. PAGE TOTAL					
		13. NNC PRODUCER Item 12 times the NCC Producer rate	14. NNC PURCHASER Item 12 times the NCC Purchaser rate	15. TMA PRODUCER Item 12 times the TMA Producer rate	16. TMA PURCHASER Item 12 times the TMA Purchaser rate		
		\$	\$	\$	\$		
		17. TOTAL AMOUNT DUE (MAKE CHECK PAYABLE TO CCC)			\$		
18A. PREPARER'S NAME		19. DATE (MM-DD-YYYY)	20. RETURN TO: STATE OFFICE NAME AND ADDRESS Telephone Number (including Area Code):				
18B. PREPARER'S SIGNATURE							

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